

FILED 10 AUG 30 12:33PM '10 USDC-OR

UNITED STATES DISTRICT COURT
for the
District of Oregon
Portland Division

Civil Action No. 10-CV-544-ST

PROOF OF SERVICE

In Admiralty

Reference: "Final Notice of Fault and Demand for Payment" sent via USPO First Class Mail/Certified Mail to all Third Party Defendants, Libellees on or about August 17, 2010.

**NOTICE: THIS DOCUMENT IS NOT INTENDED TO THREATEN, HARASS, HINDER OR
OBSTRUCT ANY LAWFUL OPERATIONS. IT IS FOR THE PURPOSES OF OBTAINING
LAWFUL REMEDY AS IS PROVIDED BY LAW.**

PROOF OF SERVICE
for "Final Notice of Default and Demand for Settlement"
for Default to Counterclaim In Admiralty
filed in UNITED STATES DISTRICT COURT DISTRICT OF OREGON PORTLAND DIVISION
CASE 10-CV-544-ST Duplicate Original Page 1 of 3

Janet Davis Majhor
, Third Party Plaintiff,
, American, Libellant,
, Secured Party Creditor

v.

MARY L. MORAN, CLERK OF COURT
1000 SW THIRD AVENUE #740
PORTLAND, OREGON 97204

Notice to Agent is Notice to Principal
Notice to Principal is Notice to Agent

USPO First Class and Certified Mail #
7009 3410 0000 9699 6007

UNITED STATES ATTORNEY'S OFFICE
1000 SW THIRD AVENUE #600
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6014

SCOTT ERIK ASPHAUG, OSB #83367
ASSISTANT UNITED STATES ATTORNEY
UNITED STATES ATTORNEY'S OFFICE
1000 SW THIRD AVENUE #600
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6014

DWIGHT C. HOLTON, OSB #09054
UNITED STATES ATTORNEY
UNITED STATES ATTORNEY'S OFFICE
1000 SW THIRD AVENUE #600
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6014

KENT S. ROBINSON, OSB #09625
ACTING UNITED STATES ATTORNEY
UNITED STATES ATTORNEY'S OFFICE
1000 SW THIRD AVENUE #600
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6014

SEAN J. HAMBLET
FEDERAL BUREAU OF INVESTIGATION
1500 SW FIRST AVENUE #400
PORTLAND, OREGON 97201

USPO First Class and Certified Mail #
7009 3410 0000 9699 6021

MATTHEW T. JOHNSON
BANK EXAMINER, OCC
250 E STREET SW
WASHINGTON, DC 20219

USPO First Class and Certified Mail #
7009 3410 0000 9699 6038

JUDGE MICHAEL MOSSMAN
ISLN 902335156
1000 SW THIRD AVENUE
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6045

PROOF OF SERVICE
for "Final Notice of Default and Demand for Settlement"
for Default to Counterclaim In Admiralty
filed in UNITED STATES DISTRICT COURT DISTRICT OF OREGON PORTLAND DIVISION
CASE 10-CV-544-ST Duplicate Original Page 2 of 3

JUDGE JANICE M. STEWART
ISLN 903410340
1000 SW THIRD AVENUE
PORTLAND, OREGON 97204

USPO First Class and Certified Mail #
7009 3410 0000 9699 6052

, Third Party Defendants, Libellees
, Severally and Individually, All

PROOF OF SERVICE

LIST OF DOCUMENTS FILED/MAILED:

1. PROOF OF SERVICE [three (3) pages];
2. True Copies – USPS Track & Confirm, PS Form 3811 (known as Return Receipt “Green Cards”), PS Form 3800 Certified Mail Receipts and Sales Receipts for:
7009 3410 0000 9699 6007; 7009 3410 0000 9699 6014; 7009 3410 0000 9699 6021;
7009 3410 0000 9699 6038; 7009 3410 0000 9699 6045; 7009 3410 0000 9699 6052,
[fifteen (15) pages].

NOTICE TO THE COURT AND ITS OFFICERS: All Third Party Defendants/Libellees are subject to postal statutes and the jurisdiction of the Universal Postal Union. All Third Party Defendants/Libellees carry the full implications and obligations in relation to the Law of Nations, International Agreements and Assurances and under the United Nations Convention on International Bills of Exchange and International Promissory Notes (UNCITRAL).

NOTICE TO THE COURT AND ITS OFFICERS: All responses are required to be served upon the Libellant and the Notary Acceptor at the location shown and expressly and exactly as shown below. All communications must be written and sent to the Notary (who is not a party to this claim). Any communications sent to any other address other than the one provided below will be considered a non-response.

Saleem Majid, Notary
For benefit of *Janet Davis Majhor*,
American, Secured Party Creditor, Libellant,
Third Party Plaintiff in Interest
16055 Southwest Walker Road Suite 505
Beaverton, Oregon 97006

Respectfully Submitted
on August 30, 2010.

Signature: _____


Janet Davis Majhor
3c USA
Janet Davis Majhor, American, Secured Party
Creditor, Libellant, Third Party Plaintiff in Interest,
One of the people of the United States of America

PROOF OF SERVICE
for “Final Notice of Default and Demand for Settlement”
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CASE 10-CV-544-ST Duplicate Original Page 3 of 3

The UPS Store - #3133
16055 SW Walker Rd
Beaverton, OR 97006
(503) 617-4592

08/17/10 12:55 PM

We are the one stop for all your shipping, postal and business needs.

We offer all the services you need to keep your business going.



001 000007 (022)	TO \$ 0.00
First Class Letter	
Reg Unit Price \$	1.32
Other (\$1.32)\$	1.32-
003 500706 (022)	TO \$ 8.70
Certified / Return	
SubTotal \$	8.70
Total \$	8.70
Cash \$	9.00
Change \$	0.30-

Receipt ID: 82939982252011888851 002 Items
CSH: Anna Tran: 2466 Reg: 002

Thank you for visiting our store.
Please come back again soon.

Whatever your business and personal needs, we are here to serve you.

US Postal Rates Are Subject to Surcharge

ENTER FOR A CHANCE TO
WIN \$1000.

We value your feedback
To enter please complete the customer satisfaction survey located at:

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE ONLY	
FINAL NOTICE	Postage
	\$ 8.70
Certified Fee	1836937
	Postmark Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	
MARY L MORAN CLERK OF COURT 1000 SW THIRD AVE #740 PORTLAND, OR 97204	
PS Form 3800, August 2006	
See Reverse for Instructions	

FINAL NOTICE	
60-2010-544-57	
SENDED/COMPLETED THIS SECTION	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	
<input checked="" type="checkbox"/> <i>Mary Moran</i> <input checked="" type="checkbox"/> Agent	
B. Received by (Printed Name)	
<input checked="" type="checkbox"/> <i>Mary Moran</i> <input type="checkbox"/> Addressee	
C. Date of Delivery	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. Is delivery address different from item 1?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, enter delivery address below:	
<input type="checkbox"/> No	
E. Signature	
<input checked="" type="checkbox"/> <i>Mary Moran</i> <input checked="" type="checkbox"/> Agent	
F. Date of Delivery	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G. Signature	
<input checked="" type="checkbox"/> <i>Mary Moran</i> <input checked="" type="checkbox"/> Agent	
H. Date of Delivery	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I. Signature	
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J. Date of Delivery	
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K. Signature	
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L. Date of Delivery	
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M. Signature	
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The UPS Store - #3133
16055 SW Walker Rd
Beaverton, OR 97006
(503) 617-4592

08/17/10 01:02 PM

We are the one stop for all your shipping, postal and business needs.

We offer all the services you need to keep your business going.



001 000007 (022)	TO \$ 0.00
First Class Letter	
Reg Unit Price \$ 1.32	
Other (\$1.32)\$ 1.32-	
003 500706 (022)	TO \$ 8.70
Certified / Return	
SubTotal \$ 8.70	
Total \$ 8.70	
Cash \$ 9.00	
Change \$ 0.30-	

Receipt ID 82939982252014888850 002 Items
CSH: Anna Tran: 2467 Reg: 002

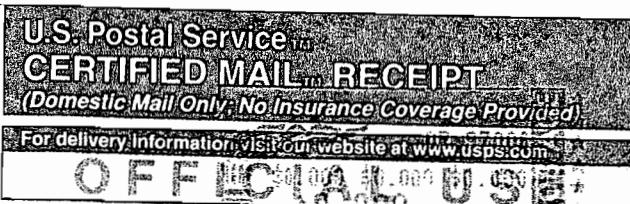
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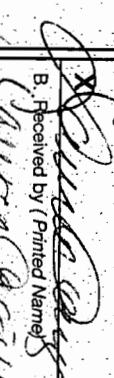
We value your feedback
To enter please complete the customer satisfaction survey located at:



FINAL NOTICE	Postage	\$ 8.70	8/17/10	3636037
Certified Fee				
Return Receipt Fee (Endorsement Required)				
Restricted Delivery Fee (Endorsement Required)				
Total Postage				
UNITED STATES ATTORNEY'S OFFICE SCOTT ERIK ASPHAUG, OSB #83367 DWIGHT C. HOLTON, OSB # 09054 KENT S. ROBINSON, OSB #09625 1000 SW THIRD AVE #600 PORTLAND, OR 97204				

Postmark Here

PS Form 3800, August 2006
See Reverse for Instructions

FINAL NOTICE 10-cv-544-ST	
SENDER: COMPLETED THIS SECTION	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature  B. Received by (Printed Name) <i>Anna</i> C. Date of Delivery <i>8/18/2010</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Article Addressed to: UNITED STATES ATTORNEY'S OFFICE SCOTT ERIK ASPHAUG, OSB #83367 DWIGHT C. HOLTON, OSB # 09054 KENT S. ROBINSON, OSB #09625 1000 SW THIRD AVE #600 PORTLAND, OR 97204	
2. Article Number (Transfer from service label) <i>7009 3410 0000 9699 6014</i>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery/ (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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08/17/10 01:03 PM

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001 000007 (022)	TO \$	0.00
First Class Letter		
Reg Unit Price	\$	1.32
Other	(\$1.32)	\$ 1.32-
003 500706 (022)	TO \$	8.70
Certified / Return		
	SubTotal	\$ 8.70
	Total	\$ 8.70
	Cash	\$ 10.00
	Change	\$ 1.30-

Receipt ID: 82939982252015888858 002 Items
CSH: Anna Tran: 2469 Reg: 002

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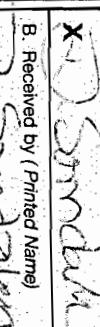
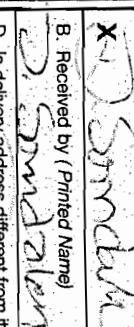
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satisfaction survey located at:

www.theupsstore.com/survey

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		1. Article Addressed to: SEAN J. HAMBLETT FEDERAL BUREAU OF INVESTIGATION 1500 SW FIRST AVE #400 PORTLAND, OR 97201	
2. Article Number <i>(Transfer from service label)</i> 700934100000 9699 6021		A. Signature  S. Hamblett B. Received by (Printed Name)  S. Hamblett C. Date of Delivery 3-15-10	
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

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Beaverton, OR 97006
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08/17/10 01:05 PM

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001 000007 (022)	TO \$	0.00
First Class Letter		
Reg Unit Price	\$	1.32
Other	(\$1.32)\$	1.32-
003 500706 (022)	TO \$	8.70
Certified / Return		
SubTotal	\$	8.70
Total	\$	8.70
Cash	\$	8.75
Change	\$	0.05-

Receipt ID 8293998225204888855 002 Items
CSH: Anna Tran: 2470 Reg: 002

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)																										
For delivery information visit our website at www.usps.com																										
OFFICIAL USE																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">FINAL NOTICE</td> <td style="width: 15%;">Postage</td> <td style="width: 15%;">\$</td> <td style="width: 15%;">3836037</td> <td style="width: 15%;">Postmark Here</td> </tr> <tr> <td colspan="5">Certified Fee</td> </tr> <tr> <td colspan="5">Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td colspan="5">Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td colspan="5" style="text-align: center;">Total Postage</td> </tr> </table>		FINAL NOTICE	Postage	\$	3836037	Postmark Here	Certified Fee					Return Receipt Fee (Endorsement Required)					Restricted Delivery Fee (Endorsement Required)					Total Postage				
FINAL NOTICE	Postage	\$	3836037	Postmark Here																						
Certified Fee																										
Return Receipt Fee (Endorsement Required)																										
Restricted Delivery Fee (Endorsement Required)																										
Total Postage																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Sent To</td> <td style="width: 50%;">MATTHEW T. JOHNSON BANK EXAMINER, OCC 250 E STREET SW WASHINGTON, DC 20219</td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td></td> </tr> <tr> <td>City, State, ZIP</td> <td></td> </tr> </table>		Sent To	MATTHEW T. JOHNSON BANK EXAMINER, OCC 250 E STREET SW WASHINGTON, DC 20219	Street, Apt. No., or PO Box No.		City, State, ZIP																				
Sent To	MATTHEW T. JOHNSON BANK EXAMINER, OCC 250 E STREET SW WASHINGTON, DC 20219																									
Street, Apt. No., or PO Box No.																										
City, State, ZIP																										
PS Form 3800, August 2006																										

FINAL NOTICE 10-CV-544-57	
SENDER COMPLETE THIS SECTION	
COMPLETE THIS SECTION ON DELIVERY	
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">✓</p> <p>MATTHEW T. JOHNSON BANK EXAMINER, OCC 250 E STREET SW WASHINGTON, DC 20219</p>	
<p>A. Signature</p> <p><input checked="" type="checkbox"/> Joyce B. Bredell</p> <p>B. Received by (Printed Name)</p> <p><input checked="" type="checkbox"/> Joyce B. Bredell</p> <p>C. Date of Delivery</p> <p>8/23/2006</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><input type="checkbox"/> No</p>	

<p>2. Article Number (Transfer from service label)</p> <p>7009 3410 0000 9699 6033</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p> <p>Domestic Return Receipt</p> <p>102995-02-4-1540</p>	

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First Class Letter	
Reg Unit Price \$ 1.32	
Other (\$1.32)\$ 1.32-	
003 500706 (022)	TO \$ 8.70
Certified / Return	
SubTotal \$ 8.70	
Total \$ 8.70	
Cash \$ 20.00	
Change \$ 11.30-	

Receipt ID 82939982252043888854 002 Items
CSH: Anna Tran: 2471 Reg: 002

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For delivery information visit our website at www.usps.com		
OFFICE MAIL		
FINAL NOTICE	Postage	\$ 8.70 REG 17 11 3836037
	Certified Fee	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To		JUDGE MICHAEL MOSMAN
Street, Apt. No., or PO Box No.		ISLN 902335156
City, State, ZIP+		1000 SW THIRD AVENUE PORTLAND, OR 97204

PS Form 3800 August 2006
See Reverse for Instructions

FINAL NOTICE 10-CV-544-ST	
SENDER COMPLETE THIS SECTION	
COMPLETEN THIS SECTION ON DELIVERY	
A. Signature	
<input checked="" type="checkbox"/> <i>Michael J. Mosman</i> <input type="checkbox"/> Agent	
B. Received by (Printed Name) <i>Michael J. Mosman</i> <input type="checkbox"/> Addressee	
C. Date of Delivery <i>8/17/10</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, enter delivery address below:	
7009 3410 0000 9699 6045	
PS Form 3811, February 2004	
Domestic Return Receipt	
102595-02-M-1540	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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(503) 617-4592

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001 000007 (022)	TO \$ 0.00
First Class Letter	
Reg Unit Price \$ 1.32	
Other (\$1.32)\$ 1.32-	
003 500706 (022)	TO \$ 8.70
Certified / Return	
Subtotal \$ 8.70	
Total \$ 8.70	
Cash \$ 10.00	
Change \$ 1.30	

Receipt ID: 8293998225204288853-002 Items: 1
CSH: Anna Tran: 2472 Reg: 002

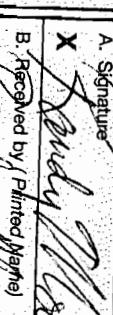
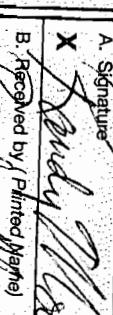
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OFFICIAL U.S. POSTAL SERVICE MAIL	
FINAL NOTICE Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	3836047
	Postmark Here
	Total Postage
Sent To: JUDGE JANICE M. STEWART ISLN 903410340 1000 SW THIRD AVENUE PORTLAND, OR 97204	
See Reverse for Instructions	
FINAL NOTICE 10-cv-544-SR SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	
A. Signature  X <i>Judge Janice M. Stewart</i> Agent B. Received by / Printed Name  C. Date of Delivery 8/17/10 D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. Article Addressed to: JUDGE JANICE M. STEWART ISLN 903410340 1000 SW THIRD AVENUE PORTLAND, OR 97204	
2. Article Number (Transfer from service label) 7009 3410 0000 9699 6052	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



Tra

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Search Results

Label/Receipt Number: **7009 3410 0000 9699 6007**

Service(s): **Certified Mail™**

Status: **Delivered**

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Enter Label/Re

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Service(s): **Certified Mail™**

Status: **Delivered**

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Service(s): **Certified Mail™**

Status: **Delivered**

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Enter Label/Re

Your item was delivered at 8:05 am on August 18, 2010 in PORTLAND, OR 97207.

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Label/Receipt Number: **7009 3410 0000 9699 6038**

Service(s): **Certified Mail™**

Status: **Delivered**

Your item was delivered at 6:45 am on August 23, 2010 in
WASHINGTON, DC 20219.

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Enter Label/Receipt Number.

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Detailed Results:

- Delivered, August 23, 2010, 6:45 am, WASHINGTON, DC 20219
- Notice Left, August 22, 2010, 10:59 am, WASHINGTON, DC 20219
- Arrival at Unit, August 22, 2010, 10:04 am, WASHINGTON, DC 20022

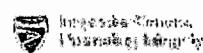
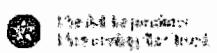
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Service(s): **Certified Mail™**

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Label/Receipt Number: **7009 3410 0000 9699 6052**

Service(s): **Certified Mail™**

Status: **Delivered**

Track & Confirm

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